	and the second of the second o	
	ARIZONA STATE BOARD OF HEAL BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH Co. Register No. Local Registrar's No. (No	Ward)
a - m - ·	tal Report on blank obtainable from local registrar.	-No-
Sex of Femals Twin, Tripleto ther	The product of the first of the	
or other Full FATHER	() of birth mate? 300 (Month) (Day)	191.4 (Yr.)
Name John F. Bunch	Full MOTHER Maiden Name Convince R Manager	
Residence	Name Carmon E. Larquez Residence	-
Color or Race Connor Hill Ari Birthday	Color or Race Grant Age at last Birthday 28	
Birthplace	Birthplace	ears)_
Occupation Aplc	Occupation Arizona	
	Housevife	
. Tables of Children	ren, of this mother, now living. 4 Were precautions taken against Ophthalmia neonatorum? 19.1.	<u>s</u>
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*		
I hereby certify that I attended the birth of *When there is no attending physician or midwife, then the householder should make this return.	(Signature)	
Given or christian name added from a		
supplemental report191	Filed Way 10 1914 BY Floy	*********
COUNTY REGISTRAR.	Filed Way 10 191 4 True Copy A COUNTY REGISTRA COUNTY REGISTRA	

the number of each, in order of birth, stated. This certificate must be filed by the attending Physicial Midwife with each local Registrar within 5 days after birth.